



I. PWS INFORMATION:

II. ANALYTICAL INFORMATION: Refer to your MassDEP Coliform Sampling Plan and/or DBPR monitoring plan to help complete this section.

Type Measured: ☐ Free Chlorine ☐ Total Chlorine ☐ Combined Chlorine

Analytical Method: SM 4500-Cl: ☐D ☐E ☐F ☐G ☐H ☐I ASTM D1253-86 ☐

Notes:

[illegible]

¹ DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the same information on your DEP Total Coliform Sampling Plan.

² SWTR systems: HPC must be collected at distribution sites with zero chlorine residual and results reported on the DEP Bacteriological Monthly Report form and on the appropriate SWTR Form.

³ Collection and Analysis: Chlorine residual shall be measured in the field (immediately upon collection) at the same time and location in the distribution system as total coliforms are sampled. Record ND values as 0 (zero).

⁴ Sample Type: RS-Routine Distribution Sample, RO-Original Site Repeat, UR-Upstream Repeat, DR-Downstream Repeat, AR-Additional Repeat, or SS-Special Sample (as determined by DEP).

⁵ All **DISTRIBUTION** samples taken and analyzed shall be included in determining compliance, even if that number is greater than the minimum required. If you collect repeat coliform samples within the distribution system during the month, you must also measure for a detectable chlorine residual at the repeat sites and include these samples. DO NOT include raw water (RW) or plant tap (PT) chlorine residual samples in your calculations.

III. COMPLIANCE REPORTING:

Total # of Samples Collected for Month⁵:

Average Chlorine Result of All Samples For Month⁵ (mg/L):

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

**Primary Certified Operator Signature
and Date:**

DEP Review Status:

☐ Accepted ☐ Disapproved

Review Comments: